

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044634

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 385- Primary Registration District No. 303P Registrar's No. 496

FILED NOV 18 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Linn</i>	b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Marceline</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Linn</i>
c. FULL NAME OF (If NOT in hospital, give location) <i>St. Francis Hospital</i>		c. CITY OR TOWN <i>Brookfield</i>	d. STREET ADDRESS <i>747 East Boston</i>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
<i>HENRY OWEN ELLIOTT</i>		<i>November 8, 1963</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>11/3/1895</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General Farming</i>	11. BIRTHPLACE (City and state or country) <i>Greedy Co., Missouri</i>
13a. FATHER'S NAME <i>Francis Elliott</i>		13b. MOTHER'S MAIDEN NAME <i>Oliver Murphy</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>[redacted]</i>	
17. INFORMANT <i>Kenneth Elliott, Brookfield, Mo.</i>		14. NAME OF HUSBAND OR WIFE <i>Sina Elliott (deceased)</i>	
18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		<i>1 hour</i>	
IMMEDIATE CAUSE (a) <i>Acute extensive myocardial infarction</i>		<i>years</i>	
DUE TO (b) <i>Severe Arteriosclerotic Heart Disease with</i>			
DUE TO (c) <i>decongenation</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>[redacted]</i> a.m. <i>[redacted]</i> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Brookfield, Missouri</i>
21. I attended the deceased from <i>1960</i> to <i>1963</i> and last saw him alive on <i>11/8/63</i>		22. SIGNATURE (Degree or title) <i>Stemon A. Hemen, M.D.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov 10, 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rest Haven Memorial Garden</i>
24. FUNERAL DIRECTOR <i>Hill Funeral Home, Brookfield, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>11-9-63</i>	26. REGISTRAR'S SIGNATURE <i>Anna Watson</i>

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

NOV 21 1961

0281
1820

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

[Signature]

Licensed Embalmer No. 4822

P. O. Address

Chillicothe, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.